

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562,308

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		3	1			
5		3	1			
6		3	1			
7		3	1			
8		3	1			
9		3	1			
10		3	1			
11	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	11	←	9	←		
TOTAL CLAIMS	13		11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.		←	9	←		
TOTAL CLAIMS	13		11			